

ABSTRAK

Latar Belakang: Pemerintah telah menetapkan Peraturan Menteri Kesehatan RI No. 30 tahun 2014 tentang Standar Pelayanan Kefarmasian di Puskesmas sebagai pedoman bagi tenaga kefarmasian dalam menyelenggarakan pelayanan kefarmasian. PMK No 30 Tahun 2014 ini merupakan kebijakan yang tersentralisasi dari tingkat pusat yaitu Kementerian Kesehatan kepada Dinas Kesehatan Provinsi dan Dinas Kesehatan Kabupaten yang selanjutnya diteruskan pada level bawah yaitu puskesmas. Permasalahan yang ditemukan dalam penerapan PMK No 30 Tahun 2014 di Puskesmas antara lain ketersediaan SDM Kefarmasian yang rendah, terbatasnya sarana dan prasarana, peran pimpinan dan pemahaman yang benar tentang pelayanan kefarmasian di Puskesmas sehingga penerapan PMK No 30 tahun 2014 belum berjalan optimal.

Tujuan Penelitian: Menganalisis implementasi Peraturan Menteri Kesehatan RI Nomor 30 Tahun 2014 tentang Standar Pelayanan Kefarmasian di Puskesmas di Kabupaten Bengkulu Utara.

Metode Penelitian: Penelitian ini menggunakan rancangan studi kasus untuk menganalisis implementasi PMK No 30 tahun 2014 tentang Standar Pelayanan Kefarmasian di Puskesmas berdasarkan teori kebijakan publik oleh G. Edwards III bahwa implementasi kebijakan dipengaruhi oleh faktor komunikasi, sumber daya, disposisi dan struktur birokrasi. Penelitian dilakukan di 8 puskesmas di Kabupaten Bengkulu Utara selama bulan Januari s/d Maret 2017 dengan informan Kepala Seksi Kefarmasian Dinkes, Pengelola program kefarmasian Dinkes, Kepala Puskesmas dan petugas penanggung jawab farmasi puskesmas.

Hasil Penelitian: Penerapan Standar Pelayanan Kefarmasian di Puskesmas di Kabupaten Bengkulu Utara secara umum berjalan dengan baik pada aspek pengelolaan obat, namun aspek pelayanan farmasi klinik belum dilaksanakan dengan baik. Pemberian informasi obat masih secara pasif dan terbatas karena kurangnya tenaga kefarmasian dan terbatasnya sarana dan prasarana. Terdapat banyak faktor yang mempengaruhi implementasi kebijakan PMK No. 30 Tahun 2014 tentang Standar Pelayanan Kefarmasian di Puskesmas antara lain komunikasi, sumber daya, disposisi atau sikap pelaksana dan struktur birokrasi.

Kesimpulan: Implementasi PMK No 30 tahun 2014 tentang Standar Pelayanan Kefarmasian Di Puskesmas di Kabupaten Bengkulu Utara belum berjalan optimal, dipengaruhi oleh faktor-faktor, yaitu: komunikasi kebijakan tidak berjalan optimal, SDM kefarmasian masih terbatas, sarana dan prasarana belum terpenuhi. Dukungan Pemerintah Daerah masih rendah dan juga ketaatan pelaksana kebijakan terhadap SOP yang masih sangat rendah.

Kata Kunci: *implementasi kebijakan, standar pelayanan kefarmasian, permenkes nomor 30 tahun 2014*

ABSTRACT

Background: The Government has set a Regulation of the Minister of Health RI Number 30 year 2014 about the standard of pharmaceutical care in the community health center as a guide for pharmaceutical workers in organizing pharmaceutical care. Regulation of the Minister of Health RI Number 30 year 2014 is a centralized policy from the central level of the Ministry of Health to the Provincial Health Office and District Health Office which is then forwarded at the lower level of the community health center. There are many problem face by the community health center i.e availability pharmaceutical manpower is very low, limited facilities and infrastructure, role of health center leader and lack of knowledge of pharmaceutical care, so that the application of this policy has not run optimally.

Research objectives: to analyze the implementation Regulation of the Minister of Health number 30 year 2014 about the standard of pharmaceutical service at community health center in North Bengkulu District.

Research method: This research using case study design to analyze the implementation Regulation of the Minister of Health No.30 year 2014 about standard of pharmaceutical service at community health center based on public policy theory by G.Edwards III that policy implementation is influenced by factors: communication, resources, disposition and bureaucratic structure. This study was conducted in 8 community health center in North Bengkulu District during January to March 2017.

Result of research: Application of the pharmaceutical care standards at community health center in North Bengkulu District has not run well. In general, drug management has been running well, but clinical pharmacy have not been implemented properly. Provision of drug information is still passive and limited due to lack of pharmaceutical personnel and limited facilities and infrastructure. Many factors affect the implementation Regulation of the Minister of Health No 30 year 2014 about Pharmaceutical Care Standards at Community Health Center, that is: communications, resources, disposition and bureaucratic structure.

Conclusion: the implementation Regulation of the Minister of Health no.30 year 2014 about pharmaceutical care standard at community health center in North Bengkulu District has not run optimally, influenced by communication policy is not running optimally (no socialization to the implementer of the policy). Pharmaceutical human resources are still limited, facilities and infrastructure is still not fulfilled. Local government support is still low. And also the policy adherence to Standard Operating Procedure (SOP) is still very low.

Keywords: *policy implementation, pharmaceutical care standard, Regulation Minister of Health No 30, 2014.*